Assessment of ADHD and Co-Morbidities

Sam Goldstein Ph.D
University of Utah
www.samgoldstein.com
info@samgoldstein.com

The Mindset of the Effective Evaluator

Evaluate for intervention.
Appreciate and stay current with the science.
Appreciate that which is unknown.
Know your limitations and the limitations of assessment.
Answer the referral questions if you can.

ADHD is a developmental disability with a childhood onset that typically results in a chronic and pervasive pattern of impairment in school, social and/or work domains, and often in daily adaptive functioning.
### Behavior Manifestations

- Trouble focusing/concentrating
- Distractible/sidetracked
- Trouble finishing tasks
- Themes of intense frustration
- Underachievement

### Behavior Manifestations

- Poor organization and planning
- Procrastination
- Mental/physical restlessness
- Impulsive decision making
- Frequent impulsive job changes
- Poor academic grades for ability
- Chronic lateness
- Frequently lose/misplace things

### Work and School Concerns

- Poor self-regulation
- Can't sustain attention to paperwork
- Trouble staying alert and focused
- Poor organization and planning
- Procrastination
- Poor time management
- Subjective sense of restlessness
**Work and School Concerns**

- Impulsive decision making
- Unable to work well independently
- Trouble following directions
- Change jobs impulsively
- Often late
- Forgetful
- Poor self-discipline.

**Interpersonal Concerns**

- Impulsive comments to others
- Quick to demonstrate emotion
- Stress intolerance
- Poor adherence to obligations
- Viewed by others as immature
- Talk excessively/listen poorly
- Problems sustaining friendships and relationships
- Miss social cues

**Adaptive Behavior Problems**

- Trouble with financial matters from saving to checkbooks, money management, debt, and impulsive spending
- Trouble organizing/maintaining the home
- Spouse may feel overburdened
- Inconsistent/unreliable
- Driving problems
- Habit and abuse problems
### Emotional Problems

- Immaturity (50%)
- Low frustration tolerance
- Over-reaction to situations
- Poor self-esteem
- Demoralization

### Co-morbid Disorders in Clinic Settings

**Major Depressive Episode**: +25%
**Mania**: 3-17%
**Anxiety Disorder**: 20-30%
**Learning Disability**: 20-30%
**School Problems**: 100%
**Social Problems**: 100%

### Co-morbid Disorders in Clinic Settings

- **Oppositional Defiant Disorder**: 50-70%
- **Conduct Disorder**: 30-40%
- **Juvenile Court Involvement**: 25-50%
- **Substance Abuse**: 20-30%
Low Incidence Disorders
With Increased Risk of ADHD
Tourette's Syndrome
Autism
Fragile X Syndrome
Williams Syndrome
Neurofibromatosis Type I

Goals For Today
Change your mindset about the chronic course and nature of ADHD.
Appreciate an integrated model making sense of the large volume of ADHD data.
Distinguish ADHD from other psychiatric conditions.
Understand the diagnostic process.
Understand risk and protective factors.
Explore the outcome of youth with ADHD

Why must we change our view of ADHD?
Endorsed Symptoms of Adults With ADHD

- Difficulty with directions (98%)
- Poor sustained attention (92%)
- Shifting activities (92%)
- Easily distracted (88%)
- Losing things (80%)
- Fidgeting (70%)
- Interrupting (70%)

(Millstein, et al, 1997)

Prototypical Adult With ADHD

- Male
- Dysthymic
- More geographic moves
- Employed (90%)
- Less schooling
- Lower Socio-economic status
- More driving problems
- Substance problems
- General neuropsychological weaknesses related to self-regulation and inhibition
What is the Mindset of Adults With ADHD?

- Pessimistic
- Negative world view
- External locus of control
- Helpless
- Negotiate daily life through a negative reinforcement model
- Frustrated

ADHD reflects exaggeration of normal behavior.

The symptoms of ADHD lead to a nearly infinite number of consequences
Self-regulation

The ability to inhibit
The ability to delay
The ability to separate thought from feeling
The ability to separate experience from response
The ability to consider an experience and change perspective
The ability to consider alternative responses

Self-regulation

The ability to choose a response and act successfully towards a goal
The ability to change the response when confronted with new data
The ability to negotiate life automatically
The ability to track cues

Poor self-regulation is synonymous with . .

Poor self-control
Poor self-regulation leads to . . .

Impulsive behavior

Poor self-regulation leads to:

- Knowing what to do is not the same as doing what you know
- Cue-less behavior
- Inconsistent behavior
- Unpredictable behavior
- The illusion of competence
- Riding an emotional roller coaster
- Problems with automatic behavior

Conditions under which problems with consequences are observed

- Delayed
- Infrequent
- Unpredictable
- Lacking saliency
Conditions Under Which Inattention Is Observed

- Repetitive
- Effortful
- Uninteresting
- Not chosen

The consequence is worse than the symptom:
NEGATIVE REINFORCEMENT

Incidence of ADHD in the Population

- No general census data available.
- No large scale adult epidemiological studies available.
- Approximate 9% incidence combined for all categorical subtypes in epidemiological studies of children.
- Consistent with a dimensional view suggesting significant impairment at ~1.5 S.D.
DSM 5 Diagnostic Categories For ADHD

ADHD Inattentive Type
ADHD Hyperactive-Impulsive Type
ADHD Combined Type

Is the Inattentive Type of ADHD a Distinct Disorder?

Better prognosis
Fewer adverse family variables
Fewer problems with disruptive behavior
Greater risk of learning disability
Greater risk of internalizing problems
Socially neglected
Higher incidence in females vs. males

Females With ADHD

Similar to clinic referred males for incidence of emotional and learning problems in childhood.
Fewer disruptive behavioral problems than clinic referred males in childhood.
Adult studies suggesting fewer anti-social personality problems than males with ADHD but likely similar emotional problems.
Higher ratio of Inattentive to Combined Type in childhood and likely adulthood vs. males.
Problems With the DSM 5 ADHD Diagnosis

Categorical models don't predict as well as dimensional models
  Too few impulsive symptoms (3)
  Polythetic system
  Symptom threshold issues
    Age of onset
    Impairment issue
    Lack of Adult Criteria

Why is Diagnosis Complex?

Symptoms represent excess of normal behavior
Criteria have changed, particularly impairment requirements
Symptoms are common to many diagnoses
  Continuum – clinical judgment critical

Why is Diagnosis in Adults Complex?

Childhood data vague and often missing.
  Co-morbidity common.
  Measuring impairment is difficult.
    No litmus test.
ADHD is NOT:

A simple matter of symptom endorsement.
Simply the identification of certain personality traits.
Advantageous to have.

Key Questions to Consider in the Diagnostic Process

Are key symptoms clearly present?
Is there objective evidence that these symptoms cause significant impairment in multiple domains of daily adaptive functioning?
Have these symptoms been unremitting since childhood? If not, why?
Have these symptoms been chronic and pervasive? If not, why?

Key Questions to Consider in the Diagnostic Process

What evidence exists that these symptoms are not primarily or exclusively due to other factors such as lack of effort, secondary gain, etc.
Is the individual putting forth best effort?
Are the person's symptoms better explained by another psychiatric or medical condition?
Is there evidence of comorbidity?
Diagnostic Guidelines

Use self-report of ADHD symptoms:
For current symptoms use DSM flexibly (4+)
For childhood recall of symptoms use DSM
   Mandatory corroboration
   Paper trail of impairment
   Onset of symptoms before age 13

Chronic course, no remission
Impairment in major life activities using average person
   standard
   If impairment arose late must be explained
Rule out: low IQ, LD, anxiety, depression as primary cause
   of symptoms

Diagnostic Issues

Under/over report of symptoms.
Poor retrospective recall of childhood.
Under reporting of symptoms by others.
   Lack of corroboration.
   Limited records.
Viewing all inattention as symptomatic of ADHD.
   Legal advantages.
Assessment Tools

- History
- Self-report measures.
- Other report measures.
- Tests of attention and inhibition.
- Cognitive (memory, processing, etc.) measures.
- Intellectual measures.
- Personality measures.

Will a battery of tasks reliably facilitate the clinical diagnosis of ADHD?

NOT AT THIS TIME. THESE INSTRUMENTS ARE DESCRIPTIVE RATHER THAN DIAGNOSTIC!

These measures may be sensitive and specific. Some may even possess positive predictive power. None possess clinically significant negative predictive power.
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Differential Diagnosis

- Schizophrenia
- Personality disorders
- Substances
- Brain injury
- Mood disorders
- Anxiety disorders
- Bipolar disorder

Differential Diagnosis:
These conditions usually have:

- Later onset.
- Inconsistent childhood history.
- Different course and symptom constellation.
- In bipolar disorder: bursts of productivity, cyclical mood swings, family history, differing symptom profile, and atypical medication response.
Why do some with ADHD thrive while others barely survive?

Coping = Resilience

Defining Key Concepts

Resilience Encompasses:
A process leading to good outcome despite high risk;
The ability to function competently under stress.
Four Waves of Resilience Research

Identifying person and variable-focused factors that make a difference.
Identifying and understanding the operation of these factors within systems with a process focus.
Intervening to foster resilience in at risk individuals.
Designing system wide programs.

Person Attributes Associated With Successful Coping*

- Affectionate, engaging temperament.
- Sociable.
- Autonomous.
- Above average IQ.
- Good reading skills.
- High achievement motivation.
- Positive self-concept.
- Impulse control.
- Internal locus of control.
- Planning skills.
- Faith.
- Humorous.
- Helpfulness.

* Replicated in 2 or more studies

Environmental Factors Associated With Successful Coping*

- Smaller family size.
- Maternal competence and mental health.
- Close bond with primary caregiver.
- Supportive siblings.
- Extended family involvement.
- Living above the poverty level.
- Friendships.
- Supportive teachers.
- Successful school experiences.
- Involvement in pro-social organizations.

*Replicated in 2 or more studies.
The pathways that lead to positive adaptation despite high risk and adversity are complex and greatly influenced by context therefore it is not likely that we will discover a magic (generic) bullet.

Resilient children are not simply born that way nor are they made from scratch by their experiences. Genetic and environmental experiences loom large as protectors against a variety of risks to healthy development ranging from resistance to bacteria and viruses to resilience to maltreatment and rejection.

We must possess the courage, integrity, patience and knowledge to help those in need regardless of the current state of scientific and political affairs.